

Candidate and Political Committees'
REPORT OF RECEIPTS AND DISBURSEMENTS

Candidate's Name Philip Gurn

Full Address 101 Pinckney Core

Telephone (601) 924-8438 (Fax) _____

E-mail _____

Office Sought Rep. Political Party Rep.

☐ Check here if above is different from previous report



TYPE OF REPORT

X January 29, 2010 Annual Report (January 1, 2009, through December 31, 2009).....All Candidates and Political Committees

____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The municipal clerk must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	This Period	Calendar year-to-date
Total amount of contributions	<u>3250 + 700</u>	\$ <u>3950.⁰⁰</u>	\$ <u>3950.⁰⁰</u>
Total amount of disbursements	<u>1210 + 631.⁷²</u>	\$ <u>1841.⁷²</u>	\$ <u>1841.⁷²</u>
Total amount of cash on hand		\$ <u>11,688.¹⁰</u>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Philip Gurn
Signature of Candidate

1-11-2010
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee

Philip Brown

Reporting period

2009

through _____

ITEMIZED RECEIPTS

A. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name

WalgreensDate
(Mo., Day, Year)8/19/09Amount of each
receipt
this period\$ 250

Mailing Address

Deerfield Ill, 60015

City, State, Zip Code

Name of Employer (Required)

Occupation (Required)

Aggregate
year-to-date\$ 250B. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name

Cash Into CashDate
(Mo., Day, Year)8/19/09Amount of each
receipt
this period\$ 250

Mailing Address

PO 550

City, State, Zip Code

Cleveland, TN 37364

Name of Employer (Required)

Occupation (Required)

Aggregate
year-to-date\$ 250C. Source: ☐ Corporation ☒ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name

Elec. Power Assoc.Date
(Mo., Day, Year)11/10/09Amount of each
receipt
this period\$ 500

Mailing Address

PO Bx 3300

City, State, Zip Code

Ridgeland MS 39158

Name of Employer (Required)

Occupation (Required)

Aggregate
year-to-date\$ 500D. Source: ☒ Corporation ☐ PAC ☐ Individual ☐ Loan☐ Other (please specify) _____

Full name

Georgia PacificDate
(Mo., Day, Year)11/10/09Amount of each
receipt
this period\$ 250

Mailing Address

P.O. Bx 61270

City, State, Zip Code

Phoenix, AZ 85082

Name of Employer (Required)

Occupation (Required)

Aggregate
year-to-date\$ 250

Name of Candidate or Committee

Philip Brown

Page

of

Reporting period

y.s. 2009

through

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Atmos		11/10/9	\$ 500
Mailing Address 5430 LBJ Ste 1600		___/___/___	\$
City, State, Zip Code Dallas TX 75240		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Comcast		11/23/9	\$ 500
Mailing Address 1701 JFK Blvd.		___/___/___	\$
City, State, Zip Code Philadelphia, PA 19103		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name AT&T		12/16/9	\$ 500
Mailing Address 175 E Capital St.		___/___/___	\$
City, State, Zip Code Jackson MS 39201		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name Donbary		___/___/___	\$
Mailing Address 5100 Thompson Pkwy Ste 1200		12/12/9	\$ 500
City, State, Zip Code Plano TX 75024		___/___/___	\$
Name of Employer (Required)		___/___/___	\$
Occupation (Required)		Aggregate year-to-date	\$ 500

Name of Candidate or Committee

Philip Brown

Reporting period

YE. 2009

through _____

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Philip Brown</u>	<u>8 / 4 / 09</u>	\$ <u>800</u>
Mailing Address		
<u>101 Pinckney Lane</u>	<u>11 / 10 / 09</u>	\$ <u>410</u>
City, State, Zip Code		
<u>Clinton MS 39056</u>		
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>1210</u>
<u>Reimb</u>		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	___ / ___ / ___	\$
Mailing Address		
	___ / ___ / ___	\$
City, State, Zip Code		
	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	___ / ___ / ___	\$
Mailing Address		
	___ / ___ / ___	\$
City, State, Zip Code		
	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	___ / ___ / ___	\$
Mailing Address		
	___ / ___ / ___	\$
City, State, Zip Code		
	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	___ / ___ / ___	\$
Mailing Address		
	___ / ___ / ___	\$
City, State, Zip Code		
	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	___ / ___ / ___	\$
Mailing Address		
	___ / ___ / ___	\$
City, State, Zip Code		
	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$